UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/LSO/3
10 February 1998

ORIGINAL: ENGLISH

Second regular session 1998
20 - 24 April 1998, New York
Item 4 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Lesotho

Proposed UNFPA assistance: $3.0 million, $2.5 million from regular resources and $500,000 from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1998-2002)

Cycle of assistance: Third

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	1.5	0.5	2.0
Population & development strategies	0.5	-	0.5
Advocacy	0.3	-	0.3
Programme coordination & assistance	0.2	-	0.2
Total	2.5	0.5	3.0

/...

LESOTHO

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	60.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	23.0	≥55
Access to basic health services (%)[3]	80.0	≥60
Infant mortality rate (/1000)[4]	79.0	≤50
Maternal mortality rate (/100,000)[5]	220.0	≤100
Gross female enrolment rate at primary level (%)[6]	74.7	≥75
Adult female literacy rate(%)[7]	58.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	2,027
Population in year 2000 (000)	2,294
Sex ratio (/100 females)	97.1
Per cent urban	25
Age distribution (%)	
Ages 0-14	42.2
Youth (15-24)	19.1
Ages 60+	6.1
Percentage of women aged 15-49	46.0
Median age (years)	18.7
Population density (/sq. km.)	67
Annual population growth rate (%)	2.48
Urban	5.56
Rural	1.40
Crude birth rate (/1000)	35.4
Crude death rate (/1000)	10.6
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	4.86
Life expectancy at birth (years)	
Males	57.3
Females	59.9
Both sexes	58.6
GNP per capita (U.S. dollars, 1994)	700

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

/...

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Lesotho in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $3.0 million, of which $2.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $500,000 from multi-bilateral resources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's third programme of assistance to the Kingdom of Lesotho.

2. The proposed programme is in keeping with the recommendations of the Programme Review and Strategy Development (PRSD) exercise undertaken jointly with the Government in October 1996. It also takes into account a number of national policy and strategy documents, including the Sixth National Development Plan, the National Population Policy of 1994, the National Environment Action Plan, the National Health Policy, and the draft Health and Social Welfare Sector Development Plan. The proposed programme is also the result of consultations with the Government at various levels, as well as with other development partners, including other United Nations agencies, bilateral donors and non-governmental organizations (NGOs).

3. The proposed programme will help the Government to achieve selected goals for sustainable development and improved quality of life as spelled out in the Sixth National Development Plan. The Government's goals include increasing life expectancy from 56 years (as it was in 1991) to 60 years by the year 2000; reducing the total fertility rate from 5.3 (1986) to 4.3 (2000); increasing the contraceptive prevalence rate from 25 per cent in 1996 to 30 per cent in the year 2000 and to over 60 per cent by 2011; reforming legislation that is discriminatory to women; and helping young people participate in and contribute to nation-building and to grow into responsible adults. UNFPA will concentrate its efforts on helping to improve the reproductive health of young people, who suffer disproportionately from poor reproductive health and who are underserved by currently available services. Improvements in the reproductive health of youth, including adolescents, should have a noticeable impact on the reproductive health indicators of the whole country.

4. Lesotho is a group "A" country as defined by the UNFPA's new resource allocation criteria. UNFPA's contribution to achieving the above objectives will be channelled through three subprogramme areas: improving the reproductive health of the country with a specific emphasis on responding to the unmet reproductive health needs of youth, including adolescents; integrating population factors into development planning; and helping the Government in its efforts to change laws and policies that militate against gender equity and equality.

/...

Best copy available

5. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. The Kingdom of Lesotho is a small landlocked country completely surrounded by the Republic of South Africa. The country is predominantly mountainous, and its natural resource base is small. Unrelenting pressures on the fragile mountainous ecosystems have been exacerbated by population growth, the expanding use of marginalized areas of agricultural production and by overgrazing and firewood collection. The only dependable natural resource is water, which is now being exported to South Africa. Due to limited employment opportunities, 40 per cent of the Lesotho labour force, mostly men, work in South Africa, resulting in a high proportion of female-headed households. However, as the emigrant Basotho are increasingly becoming South African citizens, remittances to families in Lesotho have declined considerably.

7. The 1994 population of Lesotho was estimated to be 2.03 million, with an average density of about 67 persons per square kilometre and 748 persons per square kilometre of arable land. A population growth rate of 2.6 per cent a year was recorded in the 1986 census; it is currently estimated at 2.5 per cent a year. Women of reproductive age (15 - 49 years) constitute 21 per cent of the total population and 45.6 per cent of the female population. The country has a youthful population (61.3 per cent are aged 0-24 years), constituting a built-in population growth momentum.

8. Since the first AIDS case was reported in 1986, the cumulative number of cases has dramatically increased from 191 in 1992 to 936 in 1995 and 1,872 in 1996. The infection rates for sexually transmitted diseases (STDs), including HIV/AIDS, and the pregnancy rates among adolescents are particularly serious. In 1994, more than half of all women receiving prenatal care in Lesotho were adolescents younger than 19, and among adolescents aged 15-19 years with STDs, approximately a quarter were HIV positive.

9. In terms of health facilities, there are currently 18 hospitals, 157 health centres and clinics, and 8,600 village health posts operating in the country. Of these, family planning services are provided by 15 hospitals, 101 health centres and clinics, and, in addition, there are over 200 community-based distribution (CBD) agents for contraceptives.

Previous UNFPA assistance

10. UNFPA assistance to the Government of Lesotho began in 1976. The second country programme, initially approved by the Governing Council for $3.5 million ($3 million from regular resources) for the period of 1992-1996, was extended until the end of 1997 without additional resources. The overall programme expenditure by the end of 1997 is estimated at $3.7 million, of which 56.7 per cent were spent on maternal and child health and family planning (MCH/FP) activities. No multi-bilateral funds were received during the second country programme, and all expenditures have been made against UNFPA regular resources.

11. UNFPA's past support has facilitated the Government's effort to lay the basic structure necessary for incorporation of population concerns into development planning. With UNFPA assistance, national decennial censuses were successfully carried out and a Population and Manpower Division within the Ministry of Economic Planning was established as a focal point for population. Data from the censuses provided a basis for formulating the National Population Policy. UNFPA assistance strengthened the MCH/FP programme through training of various cadres of health personnel in information, education and communication (IEC) techniques and in service provision and by equipping service delivery facilities and ensuring the supply of contraceptives. Support to the parent education programme enabled the Ministry of Health to reach about 42,000 people through 119 trained parent educators who help parents to communicate with adolescents on reproductive and sexual health issues.

12. Traditional attitudes, including the strong position of one religious group, have posed a challenge to effective implementation of reproductive health programmes, including the use of modern contraception. Furthermore, women's empowerment and leadership are severely constrained in that they are legally deemed to be "minors" under the country's legal system. Nevertheless, UNFPA has forged effective collaborative and partnership links with national NGOs, which have become greater advocates for reproductive health and gender issues at the grass-roots level.

13. Difficulties have been encountered by the Government in effectively implementing the National Population Policy. Due to limited exposure of the country's leadership during the policy formulation process and limited involvement of stakeholders and the civil society in its development, the policy reflected only a minimal consensus. Moreover, the policy as formulated did not address such areas of vital importance as mortality, morbidity, migration, urbanization and environment.

/...

Best copy available

Other external assistance

14. UNDP, WHO, UNICEF and UNFPA collaborated in the Lesotho Safe Motherhood Initiative, which is utilizing a comprehensive approach to improve infant, child and maternal mortality rates in the country. Under the project, various studies aimed at providing information for policy formulation have been conducted under the joint sponsorship of the United Nations agencies. WHO has also provided resident technical advisers through the United Nations Volunteers (UNV) programme to strengthen IEC capacity-building in the Ministry of Health. Since 1995, UNDP has been funding an in-school AIDS peer education pilot project covering ten schools in Maseru district that is being executed by WHO and implemented by the Ministries of Health and Education. Both WHO and UNICEF have funded the production and dissemination of reproductive health IEC materials, the former through the National AIDS Prevention and Control Programme and the latter through peer education projects implemented in a number of districts in the country with the Lesotho Youth Federation and in Leribe district through the Lesotho Red Cross.

15. The International Planned Parenthood Federation (IPPF) continues to support the Lesotho Planned Parenthood Association (LPPA) for the promotion and provision of family planning IEC and services, but this funding is gradually declining. With support from the World Bank and in cooperation with the Ministry of Health, the LPPA is also implementing a pilot project to expand the community-based distribution programmes of contraceptives and to provide youth counselling and guidance in Maseru and Leribe districts, providing an opportunity not only for interpersonal communication but also to help young people obtain condoms and other contraceptive supplies. However, World Bank support for both activities is due to end in March 1998 and will not be renewed. Care International is piloting a Sports for AIDS Education for Footballers (SAFE) awareness campaign targeted at young sexually active males.

16. Support for reproductive health activities in Lesotho has also been provided by Ireland, ranging from construction of health infrastructures and training centres to both short- and long-term training and the supply of medical equipment. In the coming years, Ireland plans to direct its assistance to setting up four referral cervical cytology centres in selected Health Service Areas.

Proposed programme

17. The proposed programme will consist of three subprogrammes in each of the Fund's core areas: reproductive health, population and development strategies, and advocacy. The three subprogrammes will be closely linked in that activities under each subprogramme are expected to enhance the others. For example, the improvement in the social and legal environment in gender relations to be achieved under the advocacy subprogramme will facilitate smooth implementation of the National Population Policy and will specifically work to enhance women's reproductive

rights. Likewise, the results of the population census and the demographic and health survey (DHS) supported under the population and development strategies subprogramme will be used in the development of the reproductive health subprogramme.

18. Reproductive health. The primary purpose of the reproductive health subprogramme is to contribute to increased utilization of comprehensive reproductive health services, particularly of adolescent reproductive health services, through increased knowledge of reproductive health issues, changed behaviour, improved access to services and availability of better quality of services. Attainment of this purpose will contribute to national objectives mentioned in paragraph 3 above. The focus on youth is based on the urgency of reaching young people before they are faced with unwanted pregnancies and infections of STDs, including HIV/AIDS.

19. The main outputs of the subprogramme include: (a) development and implementation of a comprehensive reproductive health programme; (b) a total of 15 hospitals and 100 health centres or clinics providing quality comprehensive reproductive health services, with service providers receptive and responsive to the reproductive health needs of adolescents; (c) 1,000 community-based distribution (CBD) agents receptive to extending those services to adolescents; (d) five youth centres strengthened to provide reproductive health IEC and services to youth; (e) school curricula for primary, secondary and tertiary institutions that incorporate population and family life education, including gender issues, and (f) the commitment and support of policy makers and religious leaders for adolescent reproductive health activities.

20. The following activities will be supported: (a) the design, formulation and implementation of a national reproductive health programme with a focus on adolescent reproductive health; (b) revision of curricula for training of trainers of health personnel and conducting training of trainers; (c) provision of appropriate IEC materials; (d) review and revision of school curricula and training of trainers for population and family life education in schools; and (e) procurement of 50 per cent of national requirements for contraceptives (pills, intra-uterine devices (IUDs) and injectables). In order to facilitate the design and implementation of the national reproductive health programme, support will be provided for sociocultural studies and operations research, including a baseline survey. Appropriate IEC activities will be carried out to address issues of male involvement, HIV/AIDS, responsible behaviour and parenthood.

21. Considering the influential position of the Catholic Church in the country, support for the Government's advocacy efforts directed to policy and decision makers and church leadership is indispensable for the successful implementation of the proposed programme. Thus, the reproductive health programme and its implementation will be strengthened by providing assistance for advocacy activities designed to enlist leadership support for the reproductive rights of youth and for changes

t copy available

in policies and regulations preventing the provision of adolescent reproductive health services. In supporting the above activities, UNFPA will assist the Government in its efforts to enlist the cooperation of NGOs, media and the private sector. It is envisaged that these activities will contribute to providing 80 per cent of the country's adolescents with reproductive health IEC messages, as compared with about 40 per cent at present, and to making adolescent reproductive health services, including family planning and the prevention of STDs and HIV/AIDS, available to at least 50 per cent of sexually active adolescents.

22. Of the $1.5 million that is to be allocated to the reproductive health subprogramme, $1.1 million will be used for services and $400,000 for IEC activities. If the proposed $500,000 in multi-bilateral funds becomes available, UNFPA support will be extended to train an additional 1,000 community-based distribution agents and to strengthen two additional youth centres.

23. Population and development strategies. The Government of Lesotho adopted its National Population Policy in 1994. However, because of problems encountered in establishing a viable institutional framework, including lack of adequate management capacity, efforts to implement the policy have not been as successful as hoped. Therefore, the purpose of UNFPA support in the population and development strategies subprogramme will be the full integration of population factors into development planning with enhanced capacity for management and coordination of population-related activities. A proposed revision of the National Population Policy will aim at making the policy more comprehensive by taking into account the concerns of the ICPD Programme of Action and the Platform of Action of the Fourth World Conference on Women as well as such population concerns as maternal mortality, morbidity, gender, youth issues, migration and environment. The revision will also include preparation of a plan of action that will incorporate the implementation of the reproductive health programme. The subprogramme will also support strengthening of the institutional mechanisms and national capacities for coordination and implementation of the revised National Population Policy.

24. UNFPA-assisted activities will include support to the Government to finalize the analysis of the 1996 census and to conduct a demographic and health survey, both of which will provide up-to-date population data for the revision of the policy. UNFPA will also assist the Government in undertaking advocacy activities targeted at policy and decision makers and consensus building to bring about national ownership and political commitment in support of the revised National Population Policy. Activities for strengthening capacities will include training nationals at UNFPA-sponsored training institutions as well as in-country training sessions.

25. Of the $500,000 to be allocated for the population and development strategies subprogramme, $400,000 will be used for technical assistance, training, analysis of census data and demographic surveys, and $100,000 will be provided for advocacy activities.

/...

Best c

26. Advocacy. Experience from the second country programme revealed the importance of consensus building and political commitment in the process of fostering change in the sociocultural and legal environment. Considering the existing social and legal impediments to the empowerment of women, it is necessary to mobilize strong commitment of policy makers and religious leaders to effect changes in gender relations. Thus the goal of the advocacy subprogramme is to contribute to a reduction in the gender inequity and inequality in the country. This will be attained through support to the Government as it changes and/or adopts relevant laws, policies and regulations that militate against equity and equality in gender relations. UNFPA will assist the Government in enhancing partnerships with NGOs, the media, women's groups and academics in undertaking advocacy activities. Activities will include holding workshops and seminars, intensifying legal rights education, conducting relevant research on social, legal and cultural barriers to gender equality and equity, and disseminating the results of such research. A total of $300,000 will be devoted to the advocacy subprogramme.

Coordination, implementation, monitoring and evaluation

27. In order to address the issue of ineffective coordination among various partners in the population area (government ministries, NGOs and donors), UNFPA will support the Government in setting up a mechanism where regular coordination meetings will be held every three months to discuss implementation of various programme activities. Among United Nations agencies, the present regular meetings under the United Nations Resident Coordinator system will be continued. Further, UNFPA, as the lead agency in population, will promote a forum of all donors supporting population and development activities to share their experiences and strengthen collaborating efforts.

28. The management of the proposed third country programme will be the responsibility of the non-resident Country Director (who is also responsible for UNFPA programmes in Botswana and Swaziland) in close collaboration with the UNDP Resident Representative/UNFPA Representative. The current staffing of the UNFPA office comprises one national programme officer, one finance clerk, one secretary and one driver. As much as possible, different projects of the proposed programme will be executed by government ministries and/or national NGOs. Where this is not feasible, United Nations agencies or international NGOs will be requested to undertake the execution. To ensure provision of technical support to the Government and NGOs, the programme will utilize the services of national project personnel, short-term national consultants, the UNFPA Country Support Team (CST) advisers and United National Volunteers (UNVs) as appropriate. Also, in the framework of South-South cooperation, study tours and exchanges of experience within the subregion and within Africa as a whole will be organized.

/...

st copy available

29. The proposed third country programme will be monitored using standard UNFPA guidelines. The design of subprogrammes and component projects will include monitoring and evaluation plans involving progress reports, annual review meetings and independent evaluations. The Government of Lesotho and UNFPA will jointly develop indicators for measuring progress towards achieving ICPD goals. A mid-term review will be conducted during the middle of the year 2000.

Recommendation

30. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Lesotho as outlined above, in the amount of $3.0 million over the period 1998-2002, of which $2.5 million would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $500,000 would be sought from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

*****